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SEAFORD URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1953



Public Health Department,  
Lewes House,  
LEWES.

September, 1954.



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To the Chairman and Members of the  
Seaford Public Health Committee.

Mr. Chairman, Miss Barford and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Seaford for the year 1953.

The estimated population of Seaford for 1953 was 10,360. In 1901 the census figure was 3,355 and in 1951 it was 9,023. In a little over fifty years the population of the town has more than trebled.

Population increases depend upon an excess of births over deaths on the one hand and the difference between immigration and emigration on the other.

The crude birth rate for 1953 was 8.11 per 1,000 population and the comparable birth rate was 10.38 per 1,000 population whilst the birth rate for England and Wales for the same year was 15.5 per 1,000 population.

The crude death rate for the year under review was 12.35 per 1,000 population. On application of a comparability factor to the crude rate so that the resultant rate may be used to compare it fairly with that of the country as a whole and with that of other areas, a comparable rate of 9.88 per 1,000 population resulted. The death rate for England and Wales for 1953 was 11.4 per 1,000 population.

In the latter years of the war and in post war years, the birth rates for Seaford were exceptionally high. The peak was reached in 1944 when the crude birth rate was 27.80 whilst the death rate for that year was 20.10. In 1945 and 1946 the high birth rates continued and were 20.46 and 19.19 whilst the death rates were 14.88 and 10.91. The birth rate continued to fall in 1947 when it was recorded as 16.18 and the death rate was 11.15. Thereafter there was a steady decline in the birth rate throughout the years 1948 to 1953 and the average annual rate for those years was 10.23 whilst the average annual death rate was 13.08. All these are crude rates.





At present due to the age structure in the town, high birth rates cannot be expected and they are likely to continue at a low rate in the future unless there is an increase in the younger section of the community. There is now a larger section of the middle aged and elderly in the town than that of the younger generation.

The numbers of people who have immigrated into Seaford and of those who have emigrated out of it cannot be given with any degree of exactness but the excess of the difference between immigration and emigration over the difference between the births and deaths in the last five years was 291. The gain in population therefore in those years was effected by the excess of people who came into the town over those who left it as the number of births was below the number of deaths.

Apart from the latter years of war and the post war years when the numbers of births exceeded the numbers of deaths the growth in the population of Seaford has depended upon the increased number of people who have come to stay in the town.

What is going to happen in the future as regards a further increase in the size of the community is largely a matter of conjecture. Many factors are involved such as economics, the age at marriage, the birth rate, the size of families, the mortality rate and the difference between immigration and emigration.

In recent years when we have witnessed the pound buying less and less, people who in former years were able to retire are now unable to do so. Marriages are now taking place at later ages. The birth rate in Seaford is declining and is now less than the death rate, and larger families are no longer the order of the day. On the other hand mortality has been declining generally for many years. There are several reasons for this decline and they are the increase in the general standard of living, particularly in the improvement in the quality and quantity of food, clothing and housing available to the mass of the community, the improvement of the educational level of the population generally in regard to matters affecting health, the progress of medical knowledge and the expansion and improvement of health services.

The difficulties of our natural economic position somewhat cloud the outlook for the continued improvement of the standard of life since



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living standards may be affected by some far reaching world dislocation and resultant difficulties experienced in this country. These difficulties may effect nothing worse than a slight and temporary set back of the standard of life but improvement in education and health services, especially in medical knowledge, will go on without interruption. The possibility of future wars has been omitted deliberately as a contingency whose effects cannot be measured in advance. It is assumed that the fall in the death rates will continue. The death rates at high ages have been falling since 1939 much faster than over the last 50 years as a whole and this rather exceptional drop may be the precursor of considerable further reductions in the future.

There was a high average age at death (72 years) in Seaford for the year 1953. The old people of today reach much higher ages than their predecessors did formerly although they are the survivors of generations born when standards of living were much lower than they are now and were exposed in their early lives to conditions which were much less healthy than they are now. They will be followed in the old age groups by generations brought up in conditions much more favourable and these younger generations are likely to be much healthier on average and to show lower mortality rates at higher ages. The average age at death is therefore likely to be increased in Seaford in the future.

Maternal Mortality in Seaford for 1953 was nil and this has been the case for the last five years. This is most satisfactory and great credit must be given to doctors and nurses for their care and management of mothers whereby none of the latter were lost through childbirth or its consequences. This freedom from maternal mortality for as long a period of five successive years in Seaford is unparalleled. Maternal deaths of Seaford residents are so infrequent that only two occurred in the last nine years.

The Infantile Mortality Rate for 1953 for Seaford was 35.71. This rate represents the number of deaths of children under one year of age which amounted to three per 1,000 live births. The infantile Mortality Rate for England and Wales for the same year was 26.8. One less death in Seaford would have made the rate 23.81. For the last nine years the Infantile Mortality Rate for Seaford was 25.40 whilst that of England





and Wales for the same period was 34.4. Most of the deaths of infants under one year of age occur in the first month of life and many soon after birth. The causes which operate chiefly during the first month of infant life and cause death are congenital malformations, prematurity, birth injury and the like and the chances of survival are very poor.

In the general population heart disease caused 28.1% of the total deaths during the year. This cause was followed by vascular lesions of the nervous system which accounted for 18.7% and then by cancer which accounted for 16.4%.

A total of 445 cases of infectious diseases were notified in Seaford in 1953. Of the total 420 were cases of measles. Measles is one of the virus diseases and its spread is effected by infected droplets of the secretions of the nose and throat spread by coughing, sneezing and even expired during talking and spread also by infected articles such as handkerchiefs. It is one of the most easily transmissible of infectious diseases. The period of communicability is usually in the catarrhal stages before the rash appears and this makes it difficult to stop the spread once the disease has broken out. Fortunately, none of the cases were so ill as to require hospital treatment. In urban communities exclusion of exposed susceptible children and teachers from school has proved of no practical value in a general outbreak, but quarantining of institutions of young children and of wards or dormitories where exposure is suspected is of value.

Thirteen cases of whooping cough were notified during the year. This infectious disease is transmitted through direct contact with an infected person or by contact with articles freshly soiled with droplet discharges from the throat. It is particularly communicable in the early catarrhal period before the characteristic paroxysmal cough reveals the true nature of the disease. As in the case of measles once the disease begins in a community it is difficult to stop. As in measles also a number of children have been naturally immunised against the disease though having former attacks and this resist infection. The number of cases contracting the disease varies from year to year and depends upon how many children are naturally immune and thus able to resist infection. Arrangements have now been made to immunise children against whooping cough with a combined diphtheria and whooping cough





vaccine. In trials this has proved of value. None of the cases notified were of such gravity as to require hospital treatment.

The rest of the infectious diseases notified were very few in number and they were pneumonia (6); scarlet fever (2) and erysipelas (2). There were no deaths of any of the total of 443 cases of infectious diseases notified. The last case of diphtheria notified in Seaford was in 1946 and this is more than sufficient testimony of the effectiveness of immunisation against the disease which has been so successfully carried out.

A total of twenty-two cases of pulmonary tuberculosis and of two non-pulmonary tuberculosis were notified during the year. Of the pulmonary tuberculosis cases eight were of those who had moved into Seaford from other areas. There were two deaths from pulmonary tuberculosis and one from non-pulmonary tuberculosis.

More intensive case finding has revealed more cases of tuberculosis in recent years and this is all to the good as once the cases are unearthed treatment can be commenced earlier than before. This disease, which has long been a scourge, is being mastered gradually towards eradication.

During the year matters concerning rehousing occupied a good deal of the Sanitary Inspector's time. In all 584 interviews, 659 letters and 21 inspections were involved beside revision of the housing list, preparation of applications, the keeping of records, and attendances at Housing Selection Sub-committee meetings. At the end of 1953 the waiting list consisted of 269 applicants excluding 34 families in temporary accommodation and 10 families in prefabricated bungalows. The keeping of housing lists as more applications are made will remain a necessary function for some years to come.

Properties where rodent infestation was suspected or allayed totalled 452 and when these were inspected 92 were found to be infested. The infested properties were suitably treated. Rats and mice are the reservoirs and sources of several diseases and action in suppressing rodents is essential to keep the rodent population down. Complete extermination is a biological impossibility.

The bulk of the milk supply in Seaford was pasteurised and this means that any chance of conveying infection through it was minimised.





Food shops inspected in the town revealed a high standard of cleanliness and there were no cases of food poisoning notified.

The Sanitary Inspector in the course of his duties made 1,092 inspections. Perusal of a list of these will indicate the scope and variety of the Sanitary Inspector's work.

As before the licenced caravan site on inspections throughout the year showed that the camp was run in a most satisfactory manner.

Seaford has more than the average share of sunshine found in coastal resorts. In 1953 there was a total of 1,848.9 hours. In the months of March to October the sunshine totalled 1,624.9 hours which was more than the total number of hours sunshine for the whole year experienced in many other sea-side resorts throughout the country. The total rainfall in Seaford in 1953 was 20.27 inches, which is low, as it usually is. The mean temperature averaged 56.9° from April to September and 44.6° from October to March. The experience of many doctors who send their patients to the town and of organisations which have convalescent homes in it show that there is a wealth of health in the Seaford air.

The main points of this Annual Report are the growth of the population, Seaford having more than trebled its size in the last fifty years. The year 1953 showed a low birth rate and a low comparable death rate. The average age at death was high. There were no deaths of mothers in or in consequence of childbirth and there was an absence of such deaths in Seaford for the last five years. Only two maternal deaths occurred in the last nine years. For the last nine years the Infantile Mortality Rate for Seaford was 25.40 as against 34.4 for England and Wales for the same period. Apart from an outbreak of measles in the year under review the incidence of infectious diseases was comparatively light. No deaths occurred of any of the cases of infectious diseases notified. The remarks concerning the continued absence of diphtheria cases is now a common feature of Annual Health Reports. Sanitary circumstances during the year were good. It is pleasing to record that the high degree of cleanliness of Seaford shops was maintained. Altogether 1953 was a very satisfactory year as far as Public Health in Seaford was concerned.





My thanks are due to members of the Health Committee for their help and encouragement during the year and to other officials for their help and courtesy.

I am, Mr. Chairman, Miss Barford and Gentlemen,  
Yours obedient servant,

G.M.DAVIDSON LOBBAN,  
M.B., Ch.B., D.P.H.

Medical Officer of Health.



SECTION I

STATISTICS OF THE AREA - 1953

Area (in acres)	4,274
Population (estimated)	10,360
Rateable Value (1st April, 1953)	£131,175
Sum represented by a penny rate	£536. 16. 3.

EXTRACTS FROM VITAL STATISTICS

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 population</u>
Legitimate	42	37	79	
Illegitimate	-	5	5	
			<u>84</u>	8.11
<u>Deaths</u>	60	68	128	12.35
				<u>Rate per 1,000 Live and Still Births</u>
Number of women dying in, or in consequence of, childbirth.	0	0	0	0.00
				<u>Rate per 1,000 Live Births</u>
<u>Infantile Mortality</u> (Deaths under 1 year of age)	2	1	3	35.71

POPULATION

The Registrar-General's estimate of the population is 10,360. The population and vital indices of Seaford for the last 12 years are as follows:-

<u>Year</u>	<u>Population</u>	<u>Vital Index</u>	<u>Year</u>	<u>Population</u>	<u>Vital Index</u>
1942	5,055	62.26	1948	9,730	111.30.
1943	4,822	97.84	1949	10,260	79.17
1944	5,231	117.74	1950	10,430	74.01
1945	6,450	137.50	1951	10,110	74.07
1946	8,334	175.82	1952	10,340	65.97
1947	8,951	140.77	1953	10,360	65.62

The estimated population figure of 10,360 recorded for mid-1953 shows an increase of 20 on the comparative figure for the previous year. As, in actual fact, 44 more deaths than births took place in the district during the period under review, it would appear that the increase recorded is made up of the excess of immigrants into the area over the emigrants who left it. There is no doubt that Seaford's healthy climate is having a far-reaching effect on the build-up of the town's population. Whenever an elderly couple move into the town to enjoy a well-earned retirement, they utilise accommodation that might otherwise have been occupied by a young married couple who in time would probably have brought up a family. Thus the entry into the town of a comparatively large number of retired people has a two-fold effect in increasing the





average age of the population. Primarily, because the retired people themselves are usually well above middle age and secondly, in that their entry into the town makes it more difficult for the younger couples to set up home and rear young families. The only way in which this rather unwelcome effect of Seaford's popularity can be overcome is to use every endeavour to build sufficient houses for both residents and immigrants. There are encouraging signs that it is becoming possible to build houses with greater freedom and it is to be hoped that every advantage will be taken of any relaxation of controls which may occur.

The vital index shown in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition and any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period.

For the fifth year in succession the vital index for Seaford has fallen below a hundred, indicating that the number of Seaford inhabitants who have died has exceeded the number of births to Seaford mothers. This trend is, of course, probably the result of the tendency, discussed above, of elderly retired couples to immigrate into the town.

#### Maternal Mortality

For the fifth year in succession no mother resident in Seaford has died in or in consequence of childbirth, while only two maternal deaths have occurred in the past nine years. During the nine year period nearly eleven hundred births took place and the average rate for the area per 1,000 live and still births during the nine-year period is less than two.

#### Infantile Mortality

During the year 1953 three infants under one year of age died in Seaford. This represented an infantile mortality rate of 35.71 per 1,000 live births. The rate for England and Wales was 26.8 per 1,000 related live births during 1953, but it must be remembered that one less infantile death in Seaford during the year would have reduced the infant mortality rate to 23.81 per 1,000, a lower figure than that for England and Wales.





### BIRTH RATE

The crude birth rate for the year under review was 8.11 per 1,000 population. This rate represents a drop of 1.08 on the rate for 1952 and is a continuation of the steady decline which has taken place since 1944, when the rate for the year was 27.60. The rate for England and Wales for 1953 was 15.5 and it will be observed that the rate for Seaford is very little more than half of the national figure. This, no doubt, is due to three main factors, namely: the large number of old people who have moved into Seaford to enjoy a well-earned retirement, the large residential school population, and the number of old folks homes and nursing homes which offer permanent homes in the town to invalids and elderly people.

An area comparability factor of 1.28 is applicable to the birth rate in the town. This factor is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted birth rate of 10.38 per 1,000 population.

### DEATH RATE

The death rate for the year under review was 12.35 per 1,000 population, the death rate for England and Wales for the same period being 11.40 per 1,000 population. Although the death rate for the area is 1.58 per 1,000 less than the figure of 13.93 for 1952, it is still 0.95 above the 1953 figure for England and Wales, the reasons no doubt being the same as those mentioned in the section relating to the birth rate and discussed above.

An area comparability factor of 0.80 is applicable to the crude death rate of 12.35 per 1,000, and this gives an adjusted figure of 9.88 per 1,000 population, which is 1.52 per 1,000 less than the rate for England and Wales for the same period.



### CAUSES OF DEATH

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Heart Disease	17	19	36
Vascular Lesions of Nervous System	11	13	24
Cancer	8	13	21
Pneumonia	4	1	5
Bronchitis	3	1	4
Circulatory disease other than mentioned elsewhere	-	3	3
Syphilitic disease	2	-	2
Ulcer of stomach and duodenum	2	-	2
Hyperplasia of prostate	2	-	2
Tuberculosis, respiratory	1	1	2
Tuberculosis, non-respiratory.	1	-	1
Nephritis and nephrosis	-	1	1
Infective or parasitic disease other than mentioned elsewhere	1	-	1
Congenital malformation	1	-	1
Motor vehicle accidents	1	-	1
Other defined and ill-defined diseases	6	16	22
	60	68	128

As happens in most years, the chief causes of death were heart disease, vascular lesions of the nervous system and cancer.

The highest age at death was ..... 95 years

The lowest age at death was ..... 15 minutes

The average age at death was ..... 72 years

### SPECIFIC CAUSES OF DEATH

#### Heart Disease and Diseases of the Circulatory System

So far as heart disease and diseases of the circulatory system are concerned it is probable that this group of illnesses will always remain the major cause of death, as many of the cases of heart disease which prove fatal in old age are little more than the result of the heart wearing out. This effect can be postponed, but it is unlikely to be entirely obviated.





### Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. A total of twenty-four deaths in Seaford were classified under this heading during 1953, eleven being males and thirteen females. This is a reduction of eight on last year's total of thirty-two. Most of these deaths occur amongst elderly persons and are due to the degeneration which takes place in the blood vessels in persons of advanced age.

### Cancer

The position with regard to cancer, the third of the major killers, is somewhat different. The root cause of the disease is not yet known and it is to be hoped that if and when this is discovered a dramatic reduction in the number of deaths from this cause will be achieved. Although the ultimate goal has not yet been attained, much has been accomplished to reduce the fatality rate of the disease, and some forms of cancer which a few years ago would have been looked upon as certainly fatal are now operated upon successfully.

One of the most important points relating to cancer which can be driven home to all members of the community is that in any case of doubt or uncertainty a visit should be made to the doctor in order that if any form of cancer is present it may be discovered at the earliest possible moment.



# VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1953. Provisional figures based on Quarterly Returns.

	England and Wales.	160 County Boroughs and Great Towns (including London.)	160 Smaller Towns (Resident Population 25,000 - 50,000 at 1951 Census)	London Admin-istrative County.	Scaford 1953 Popula-tion 10,360
Rates per 1,000 Home Population					
Births: Live	15.5	17.0	15.7	17.5	8.11
Still	( 0.35	0.43	0.34	0.38	
	( 22.4(a)	24.8(a)	21.4(a)	21.0(a)	0.00
Deaths: All Causes	11.4	12.2	11.3	12.5	12.35
Typhoid and paratyphoid	0.00	0.00	-	-	-
Whooping cough	0.01	0.01	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	-	-
Tuberculosis	0.20	0.24	0.19	0.24	0.29
Influenza	0.16	0.15	0.17	0.15	0.00
Smallpox	0.00	0.00	0.00	-	-
Acute poliomyelitis(includ- ing polioencephalitis)	0.01	0.01	0.01	0.01	-
Pneumonia	0.55	0.59	0.52	0.64	0.48
Notifications (Corrected)					
Typhoid fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.01	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.04	0.03	0.03	0.00
Scarlet fever	1.39	1.50	1.44	1.02	0.19
Whooping cough	3.58	3.72	3.38	3.30	1.25
Diphtheria	0.01	0.01	0.01	0.00	0.00
Erysipelas	0.14	0.14	0.13	0.12	0.19
Smallpox	0.00	0.00	0.00	-	-
Measles	12.36	11.27	12.32	8.09	40.54
Pneumonia	0.84	0.92	0.76	0.73	0.58
Acute poliomyelitis(includ- ing polioencephalitis)					
Paralytic	0.07	0.06	0.06	0.07	0.00
Non-paralytic	0.04	0.03	0.04	0.03	0.00
Food poisoning	0.24	0.25	0.24	0.38	0.00
Puerperal pyrexia	18.23(a)	24.33(a)	12.46(a)	23.61(a)	0.00
Rates per 1,000 Live Births.					
Deaths					
All causes under 1 yr of age.	26.8(b)	30.8	24.3	24.8	35.71
Enteritis and diarrhoea under 2 years of age.	1.1	1.3	0.9	1.1	0.00

Maternal Mortality in England and Wales				
Intermediate List No & Cause	Number of Deaths	Rates per 1,000 Total (Live and Still)Births	Rates per million women aged 15-44	Scaford 1953
All5 Sepsis of pregnancy, childbirth and the puerperium.	68	0.10	1	)
(Abortion with toxæmia	7	0.01		
All6 (Other toxæmias of (pregnancy and the (puerperium	166	0.24		
All7 Haemorrhage of pregnancy & childbirth	90	0.13	3	)
All8 Abortion without mention of sepsis or toxæmia	30	0.04		
All9 Abortion with sepsis	39	0.06		
All20 Other complications of pregnancy, childbirth & the puerperium	125	0.18	4	)

(a) Per 1,000 Total(Live and Still)Births. (b)Per 1,000 related live births





## SECTION II

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

#### Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

One Sanitary Inspector carries out his particular duties in the Urban District of Seaford.

#### Laboratory Facilities

The Public Health Laboratory, established at the Royal Sussex County Hospital, Brighton, has proved a great assistance during the year.

The Laboratory has carried out for the Urban District, free of charge, the examination of sputum and throat swabs and has also undertaken the examination of milk. Altogether the Laboratory carried out 23 different examinations for the Urban District during the year under review. This service is extremely valuable both to your Medical Officer of Health and to the Medical Practitioners practising in the district. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organism causing tuberculosis and is also of great use in detecting any infective organisms in milk, ice-cream or foodstuffs generally.

#### Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses one ambulance in the town and, by arrangement with the Urban District Council, office accommodation is provided in the Municipal Buildings for the staff of two drivers. During 1953 this vehicle was available for the conveyance of both infectious and non-infectious cases and arrangements were in being for the disinfection of ambulance, bedding, clothing etc., after use for the transport of an infectious case. If a further call is received while the ambulance is out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

The East Sussex County Council provides facilities for the transport of tuberculous cases.



### Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

### Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of Hospital accommodation. The accommodation in the area remains materially the same as it was prior to the passing of the Act.

### Clinics and Treatment Centres

Treatment centres have been provided as previously and an immunisation clinic has been held on the first Thursday of each month, with the exception of August, at the Nurses' Home, 15, Sutton Road. This has proved very successful and was well attended.

### Provision for the Care of Mental Defectives

The East Sussex County Council administers the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.





## SECTION III

### SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

#### 1. Staff

During the year under review the staff of the department consisted of the Sanitary Inspector, one clerical assistant and one part-time Rodent Operator.

#### 2. Rehousing

At the 1st January 1953 the Housing Waiting List consisted of 331 applicants. This does not include 50 families in temporary accommodation such as requisitioned premises and huts or 10 families in pre-fabricated bungalows.

During the year 64 new applications were received.

The number of families from the waiting list rehoused in either permanent or requisitioned premises was 41.

The Council continued their policy of a gradual reduction in the number of requisitioned premises and during the year de-requisitioned 3 properties, thus necessitating the rehousing in permanent or other requisitioned premises of 16 families.

In addition to the movement of families shewn above, it was necessary, for various reasons, to transfer twenty-seven families from one property to another.

Eighty-five applicants were removed from the list as they found their own accommodation or left the district.

At the 31st December, 1953, the waiting list consisted of 269 applicants, which did not include the 34 families in temporary accommodation or the 10 families in pre-fabricated bungalows.

The department's work in connection with rehousing includes the receipt of applications, pointing up under the Council's scheme and the continuous revision involved. It also involves the preparation of lists of applications for the attention of the Housing Selection Sub-committee, and the keeping of all records.

This involved 584 interviews; 659 letters and 21 inspections.

Applicants are naturally anxious to know their position on the waiting list from time to time, especially when many months have elapsed





since application was first made, although there are quite a number who despite being told of the housing position, think that they should have accommodation within a matter of a week or so from their first application.

Whereas the applicants can only view the matter from their own particular need and think their case to be one of urgent necessity, this may not necessarily be so when the whole of such cases are under review.

With reference to persons rehoused in requisitioned premises, whilst these premises are eagerly accepted, as representing something a little better than what they were occupying in the majority of cases, they are not in occupation many weeks before a system of periodical enquiries, both personal and by letter, is in operation, when the drawbacks of such accommodation and the need for a permanent house are emphasized.

### 3. Rodent Control

Survey and action, as necessary, in connection with rodent control was continued during the year, and for this purpose a part-time Rodent Operator was employed four hours each day for six days per week, under the supervision of the Sanitary Inspector.

As in previous years, free service to private dwelling houses was in operation and again proved successful. Generally, the co-operation of occupiers was a great factor in achieving results.

Five hundred and forty-eight visits were made and 452 properties inspected, of which 92 were found to be infested.

From time to time the Council's sewers were inspected at various points and no evidence of rats was found.

The Council's house refuse dumps were examined periodically and action taken when found to be necessary.

### 4. Petroleum

Fourteen licences were issued for the storage of petroleum for the year. One new installation was set up during the year.

Thirty-seven inspections were made in this connection.

### 5. Milk

At the 1st January 1953 there were 5 Purveyors of milk in the Urban District.



The following licences for the sale of graded milks were issued:-

6 Pasteurised (sale only)  
5 Tuberculin Tested  
2 Accredited.

All premises were kept in a clean condition and were limwashed or cleansed as necessary.

Two milk samples were obtained and submitted for biological examination and both were found to be negative for tuberculosis infection.

#### 6. Fried Fish Shops

From time to time the two Fried Fish Shops were inspected and were found to be kept in a clean condition. No complaints of alleged nuisance were received.

#### 7. Bakehouses

The two bakehouses were inspected periodically and at all times were found to be kept in a clean condition. The necessary limewashing or cleansing was carried out at the required times.

#### 8. Food

(1) The number of food premises, by type or business:-

2 Bakehouses  
7 Butchers  
5 Dairies and Milkshops  
12 Grocers  
17 Restaurants  
2 Fried Fish Shops  
4 Fish Shops  
35 Ice-cream  
4 Hotels

(2) The number of food premises, by type, registered under Section 14 of the Food and Drugs Act, and number of Dairies registered under the Milk and Dairies Regulations, 1949:-

35 Sale of Ice-cream  
3 Butchers  
1 Grocer  
5 Dairies and Milkshops

(3) The number of inspections of (2) above and comments thereon:-

Premises for Sale of Ice-cream      Number of inspections 79.

With three exceptions these premises sell pre-wrapped ice-cream and one establishment only manufactures. In all cases the premises and conditions are satisfactory and the manufacture at the one establishment is in accordance with the Ice-cream (Heat Treatment etc.) Regulations 1947-1952.





Butchers Premises      Number of inspections 12.      The making of sausages and pickling of meats is carried out under satisfactory conditions.

Grocers Premises      Inspections 4.      The boiling of hams. The rooms where the boiling is carried out are kept in a clean condition, periodically painted and the utensils kept in good condition.

Dairies & Milkshops      Inspections 20.      These premises are kept in a clean and satisfactory condition, and cleansed, whitewashed or painted at the required periods.

- (4) Whilst no organised educational activity is carried out, every opportunity is taken, when inspecting premises where food is prepared, to emphasize the importance of food hygiene.
- (5) Where condemned food is of salvage value, it is disposed of to firms concerned in this type of treatment or manufacture. Other classes of food are collected and destroyed at the Council's tip.
- (6) No special examination of stock or consignment of foodstuff has been necessary. Only small amounts have had to be condemned, generally speaking through damage in transit, defective tins, bad handling etc.

Blown and Defective tins

6 tins Prunes  
2 tins Peach Pulp  
34 tins Victoria Plums  
1 tin Brisket (4 lbs.)  
3 tins Ox Tongue (18 lbs.)  
2 tins Ham (30 lbs.)

Decomposition

2 stone Cod Fillet  
8½ lbs. Kippers.  
3 stone Coley Fillets  
88 lbs. Pork sausages.  
1 stone Golden Cutlets  
58.2 ozs. Packets Cheese Spread.

Mould and Out of Condition

48 Fish Cakes

Contaminated by Foreign Matter - Insects

1 gal. can Apricots

Contaminated by Disinfectant

1 cwt. Salt.



Body Heat

149 lbs. Beef (Top-side, Rump)

Badly Bruised

4 $\frac{1}{2}$  lbs. Loin Pork  
6 lbs. Beef (Top-side)

Bone Taint

145 $\frac{1}{2}$  lbs. Beef. (Top-side, Rump)

Degeneration Cyst

2 legs of Pork (one 17 lbs. and one 22 $\frac{1}{2}$  lbs.)

Capillary Angiomatosis

8 $\frac{1}{2}$  lbs. Ox Liver.

9. Caravans

The licenced caravan site again proved very popular during the season and was run in a very satisfactory manner. The site was visited frequently and at all times was found to be in a clean condition and the terms of the licence adhered to.

10. Inspections

	<u>Primary</u> <u>Inspections</u>	<u>Re-</u> <u>Inspections</u>	<u>Total</u> <u>Visits</u>
Housing. . . . .	13	9	22
Dairies. . . . .	5	15	20
Food Shops and Restaurants. Including			
Sale of Ice-cream premises. . . . .	62	45	107
Food Condemnation. . . . .	27	-	27
Drainage - Nuisances. . . . .	6	24	30
Drainage - Test on Request. . . . .	2	-	2
Drainage - New buildings and alterations.	59	65	124
Disinfections - Infectious Diseases.	3	3	6
Inspections - Infectious Diseases. .	5	-	5
Disinfections - On Request. . . . .	5	5	10
Inspections - Miscellaneous * . . . .	22	4	26
Piggeries. . . . .	1	-	1
Dumps. . . . .	3	2	5
Rodent Control. . . . .	452	96	548
Bakehouses. . . . .	2	4	6
Petroleum. . . . .	14	23	37
Dustbins. . . . .	1	1	2
Factory Inspections. . . . .	32	-	32
Fried Fish Shop. . . . .	2	4	6
Public Conveniences. . . . .	15	15	30
Rehousing Inspections. . . . .	21	-	21
Caravan Site. . . . .	1	15	16
Caravans and Camps. . . . .	2	4	6
Water Closets. . . . .	1	2	3
	<u>756</u>	<u>336</u>	<u>1092</u>

\* Included in the Miscellaneous Inspections are inspection of Pets Meat Shop, complaints and inspections in connection with beach flies, smells and the keeping of chicken etc.





## 11. Action Taken

The following action was taken to secure the abatement of nuisances and housing defects:-

Number of Nuisances and Housing Defects. ... .. 20

Number where works were carried out as a result of Informal Action, including one outstanding from the previous year. ... .. 20

Number of Statutory Notices served. ... .. Nil

Number of Statutory Notices complied with. . . . . Nil

## 12. Factories Act, 1957

In the Urban District of Seaford there are five factories on the register in which Sections 1, 2, 3, 4 & 6 of the above Act are enforced and 27 factories in which Section 7 only is enforced. During 1953, 32 inspections were carried out. Details are as follows:-

### Part I of the Act

Inspections made for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	5	5	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	27	27	Nil	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	Nil	Nil	Nil	Nil
TOTAL	32	32	Nil	Nil

In one case where a sanitary convenience was found to be insufficient the defect was remedied.

### Part VIII of the Act

The position relating to outwork is as follows:-

Section 110			Section III		
No. of out-workers in August list required by Sec. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Nil	Nil	Nil	Nil	Nil	Nil



13. General

General letter, reports, returns, memoranda etc.	250
Conferences with Chairmen of Committees and Officers of the Council as necessary from time to time.	148
Meetings and Conferences attended	44





#### SECTION IV

### Prevalence of, and Control Over, Infectious and Other Diseases

#### Infectious Diseases

In all, 443 cases of infectious disease were notified in Seaford in 1953. The details are as follows:-

Disease	Cases Notified	Cases admitted to Hospital.	Deaths
Measles	420	-	-
Whooping Cough	13	-	-
Pneumonia	6	-	-
Scarlet Fever	2	1	-
Erysipelas	2	-	-
	443	1	-

#### Measles

Four hundred and twenty cases of measles were notified in Seaford during 1953. This represents 94.8 per cent of the total number of notifications of infectious disease received during the year. This is a rather high figure after three years of very low incidence, the number of cases in 1950, 1951 and 1952 being 33, 50 and 6 respectively.

All of the cases were treated at home and made rapid and uneventful recoveries.

Measles mainly affects children under seven years of age, and before the introduction of penicillin and the sulpha drugs broncho-pneumonia often developed as a fatal complication. Since the use of these drugs, however, the number of deaths has been reduced to very small proportions and the complications, which in the past have often had a lasting detrimental effect on the patients' ears or eyes, are now nearly always avoided.

#### Whooping Cough

Only thirteen cases of whooping cough were notified in Seaford during the year under review, representing 2.9 per cent of all the notifications of infectious disease received during the year. None of these cases were of sufficient severity to merit admission to hospital.



Although the district has been lucky in that only mild cases of whooping cough occurred, it must be remembered that the illness can be a very dangerous one, especially in the case of very young children. Throughout the country the case fatality of whooping cough is about five times that of measles.

For a number of years efforts have been made to develop a combined vaccine which offers protection against both diphtheria and whooping cough and several are now available which have been proved to be satisfactory. Arrangements are being completed to make one of these combined preparations available throughout the district and it is to be hoped that within a very few years a case of whooping cough will be the rarity that diphtheria has now become.

#### Pneumonia

Six cases of pneumonia were notified during the year under review none of which were sufficiently serious to require admission to hospital. All cases notified made satisfactory recoveries.

#### Scarlet Fever

Only two cases of scarlet fever were notified in the town during 1953, one of which was admitted to hospital. The case was of a boy, aged 9 years, who made a complete recovery and was discharged three weeks after admission.

Early recognition of the disease and immediate isolation of the patient are very important as the period of infectivity begins at the earliest stage of an attack. A daily dose of a sulphonamide drug, given under medical supervision, will provide protection for the majority of persons exposed to scarlet fever infection. This, however, does not obviate the necessity for appropriate precautions, such as the isolation of the patient, exclusion of contacts from school, and the exclusion of infected persons from handling milk and milk products.

#### Erysipelas

Two cases of erysipelas were notified in 1953, both of which were treated at home and made uneventful recoveries. Prior to the use of chloromycetin and the sulphonamide drugs many cases of erysipelas resulted in a long and critical illness and death frequently ensued. Few deaths now occur due to the disease and, generally speaking, the severity of the illness is greatly reduced and a cure is effected much more rapidly





than was the case in the past.

#### General

Of the total number of 443 cases of infectious disease which were notified in Seaford during 1955, 433, or 97.7 per cent., were cases of measles or whooping cough. Although, unfortunately, it is not yet possible to give any form of preventive treatment against measles that is effective for more than a very short while, the vaccines available for the prevention of whooping cough are becoming increasingly effective. The control of this disease will result in the reduction of the incidence of infectious disease in this country by very nearly half, and it is encouraging to learn that it is more than probable that this day is by no means remote.



SECTION V  
Tuberculosis

In 1953, Seaford had twenty-two new cases of pulmonary tuberculosis and two new non-pulmonary cases. There were two deaths from pulmonary tuberculosis and one from non-pulmonary tuberculosis. Details are given in the following table:-

1953 NEW CASES AND MORTALITY

AGE PERIODS	<u>NEW CASES</u>				<u>DEATHS</u>			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	1	-	1	-	-	-	-
10	-	-	-	-	-	-	-	-
15	2	-	-	-	-	-	-	-
20	1	1	1	-	-	-	-	-
25	4	3	-	-	-	-	-	-
35	2	1	-	-	-	1	-	-
45	2	1	-	-	-	-	-	-
55	2	-	-	-	1	-	-	-
65 and Upwards	2	-	-	-	-	-	1	-
TOTAL	15	7	1	1	1	1	1	-

Eight of the new cases notified were people who were already suffering from pulmonary tuberculosis when they moved into Seaford from other areas.

The incidence of the 22 new cases of pulmonary tuberculosis notified in 1953 is 2.12 per 1,000 population.





The two deaths from pulmonary and one from non-pulmonary tuberculosis which occurred in the Urban District during 1953 show a combined death rate for pulmonary and non-pulmonary cases of 0.29 per 1,000 population. It must be remembered that one single death more or less in the Urban District alters the rate per 1,000 for the district by approximately 0.10.

There are no large factories in Seaford as there are in large industrial centres and statistical evidence has accumulated that infection with pulmonary tuberculosis of workers in large factories from one worker to the other has made an important contribution to the incidence of this type of disease. About ten years ago the theory was held that cases of adult tuberculosis were due usually to a breakdown of lesions acquired in childhood. Since the National Tuberculin Survey in 1952 it was shown that more than half the school leavers in England and Wales were tuberculin negative. The theory of the breakdown of childhood lesions is no longer tenable. The chances of the mass spread of tuberculosis in Seaford are virtually nil.



# CLIMATE

The following meteorological statistics were recorded at Seaford during the year 1953:-

<u>Month</u>	<u>Temperature</u>			<u>Rainfall</u>		<u>Sunshine</u>		<u>No. of Sunny Days</u>
	<u>Mean</u> °	<u>Max</u> °	<u>Min</u> °	<u>Total</u> <u>Ins.</u>	<u>Heaviest</u> <u>Inches</u>	<u>Average</u> <u>Hours</u>	<u>Total</u> <u>Hours</u>	
January	37.9	49	24	1.08	.52	1.61	49.9	15
February	38.7	53	<u>22</u>	1.35	.59	2.75	76.9	17
March	42.1	64	25	.20	.07	5.57	172.7	26
April	47.4	66	33	2.16	<u>.87</u>	6.44	193.2	26
May	54.6	81	34	1.14	.60	8.60	266.4	28
June	58.3	79	38	1.53	.44	<u>8.61</u>	258.3	26
July	60.4	75	48	2.47	.62	6.06	188.3	26
August	62.1	<u>85</u>	45	1.81	.66	7.98	247.8	29
September	58.6	75	41	2.78	.54	6.12	183.7	24
October	53.2	66	36	<u>2.88</u>	.85	3.69	114.5	19
November	49.1	57	33	2.06	.75	1.27	38.0	10
December	46.7	58	31	.81	.26	1.91	59.2	19
<hr/>								
	50.8			20.27		5.06	1848.9	265
<hr/>								

It will be seen that, as usual, Seaford enjoyed excellent climatic conditions during 1953. The total number of hours of sunshine, 1848.9, was only 36 hours less than the previous years high total, and there was a total of 265 sunny days. The sunshine during the year averaged over 5 hours per day. There were no excessive variations in temperature, the mean temperature in January and December being just above 42°F and that for July and August being just over 61°F. The rainfall was low and evenly distributed throughout the year, not reaching a total of 3" in any one month.



